



Reservations Form

NEW RESERVATIONS AMENDMENT CANCELLATION VIP _____

Arrival Date _____ Departure Date _____
Arrival Time _____ Departure Time _____
Flight No _____ Flight No _____
Transportation Required _____ Transportation Required _____

No of Rooms _____ Room Type _____
No of Guest _____ No. of Children _____
Room Rate _____ Rate Reason _____

Guest Name _____
Passport No. _____
Position _____ Company Affiliation _____

Requirements:
 Smoking Non-Smoking Handicapped Others _____

Personal Account
 Credit Card - No: --- CVC No.: Expiry Date _____
 Special Billing All Charges RM only RM/ABF RM/Trans Others

Charge to _____

Remarks (i.e Specials/Other Arrangements) _____

Name of Caller _____
Company Affiliation _____ Contact Details _____

Guaranteed by:
Taken by _____ Date _____